

PART C

	THIS PERIOD	TOTAL TO DATE
AMOUNT EARNED	\$ -	\$ -
PREVIOUS PAYMENTS		\$
AMOUNT DUE	\$ -	\$ -

ESTIMATED PERCENTAGE OF JOB COMPLETED (applicable for construction costs only) _____ %	IS CONTRACTOR'S CONSTRUCTION PROGRESS ON SCHEDULE? (applicable for construction costs only) <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN:
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PART D

1. Certification of Contractor (*applicable for construction costs only*)

According to the best of my knowledge and belief, I certify that all items and amounts shown on the foregoing Claim for Reimbursement (Itemized) are correct; that all the work has been performed and/or material supplied in full accordance with the requirements of the referenced Funding Agreement, and/or duly authorized deviations, substitutions, alternations, and/or additions; that the foregoing is a true and correct statement of the contract account up to and including the last day of the period covered by this claim; that no part of the "Balance Due This Payment" has been received and that the undersigned and his subcontractors have complied with the nondiscrimination provisions of the Funding Agreement.

Signature

Date

Name (Print)

Title

2. Certification of Individual Authorized Representative to Sign Budget and Expenditure Summary

I certify that I have checked and verified the foregoing Claim for Reimbursement (Itemized); that to the best of my knowledge and belief it is a true and correct statement of work performed and/or material included in this claim; has been inspected by me and/or by my duly authorized representative or assistants and that it has been performed and/or supplied in full accordance with requirements of the referenced contract; and that partial payment claimed and requested by the contractor is correctly computed on the basis of work performed and/or material supplied to date.

Signature

Date

Name (Print)

Position Title or Registration Number

3. Request for Payment by Entity

The construction of the project is progressing satisfactorily and to the best of my knowledge the amounts contained in the foregoing Itemized Claim Form are true and correct statements of actual costs incurred for work performed and I hereby request payment from the fund indicated on the Claim for Reimbursement form in the amount of \$ _____ - _____ for reimbursement of eligible project costs estimated above.

Signature

Date

Name (Print)

Position Title or Registration Number